

# ARMY COMMUNITY SERVICES (ACS) INTAKE FORM

(For use of this form, see AR 608-1)

<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>							
Authority:		The authority to collect this information is derived from 5 USC 301 Department Regulation.					
Principal Purpose:		To provide appropriate background information needed for the Army Community Service (ACS) staff to assist you.					
Routine Uses:		This information will be used primarily by the professional staff of the ACS Center and other helping professionals to which your case may be referred.					
Disclosure:		Furnishing this information to the ACS staff is completely voluntary; however, refusal to provide this information may hinder the ACS staff from being able to serve and assist you effectively.					
Today's Date: 5/17/2002				Case Number:			
Sponsor's Name: (Last Name, First Name, Middle Initial)				AGE:	DOB:	POB:	
Grade:		SSN:		Date Entered Active Duty:		Time In Service:	
Branch of Service (Check One):	<input type="checkbox"/> USA	<input type="checkbox"/> USAF	<input type="checkbox"/> USN	<input type="checkbox"/> USMC	<input type="checkbox"/> RSCG	<input type="checkbox"/> RESERVES	OTHER:
Status:	<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RETIRED	<input type="checkbox"/> FAMILY MEMBER		OTHER:		
Unit:							
Duty Phone:		Commander's Name and Phone:					
Home Address:							
Home Phone:			Arrival Date at Fort Sill:			ETS Date:	
Have you received services from ACS before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:			
<b>MARITAL INFORMATION</b>							
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower	
Date of Marriage:	Place of Marriage:				Length of Marriage:		
Date of Divorce:	Place of Divorce:				Number of Previous Marriages:		
Is spouse residing with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please provide address and telephone number?				

## ARMY COMMUNITY SERVICES (ACS) INTAKE FORM (Continued)

CHILDREN								
Name (Last name, First, Middle Initial)	Sex		Age	DOB	POB	Living at Home		
Child 1:	<input type="checkbox"/> F	<input type="checkbox"/> M				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child 2:	<input type="checkbox"/> F	<input type="checkbox"/> M				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child 3:	<input type="checkbox"/> F	<input type="checkbox"/> M				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child 4:	<input type="checkbox"/> F	<input type="checkbox"/> M				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child 5:	<input type="checkbox"/> F	<input type="checkbox"/> M				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List others living in the home, i.e. (Aunts, Uncles, Grandparents, etc.):								
CURRENT PROBLEM(S)/NEED(S)								
	Yes	No	NA		Yes	No	NA	
AER Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Budget Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check Book Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Debt Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EFMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job-Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent Move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pending Move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Awaiting Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Briefly describe why you are here:								
Can ACS make a follow-up call to see if your needs were met?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		